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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	41766
	First Named Inventor	Alfred C. Nichols
	Original Patent Number	5,783,700
	Original Patent Issue Date (Month/Day/Year)	7/21/1998
	Express Mail Label No.	EK666547062US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>	10. <input type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application (PTO/SB-09-12) <input type="checkbox"/> Status still proper and desired
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) <i>(PTO/SB/53 or PTO/SB/54)</i> or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Other:
*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

14. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></div> <i>(Insert Customer No. or Attach bar code label here)</i>		or <input checked="" type="checkbox"/> Correspondence address below			
Name	Kenneth M. Bush, Esquire				
Address	Sirote & Permutt, P.C. P.O. Box 55727				
City	Birmingham	State	AL	Zip Code	35255-5727
Country	United States	Telephone	205-930-5383	Fax	205-930-5101

NAME (Print/Type)	Kenneth M. Bush	Registration No. (Attorney/Agent)	40,544
Signature			
		Date	7-20-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

108/208 1.16(h) R.n.5,783,700 1040.00

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

41766

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 = x \$.9 . =			or x \$. =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 = x \$.39 =			x \$. =	
Basic Fee (37 CFR 1.16(h))				\$ 345		\$	
Total Filing Fee				\$ 345	OR	\$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS	** 20	* 22 = x \$.9 . = 198			or x \$. =	
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	= 3 x \$.39 = 117			x \$. =	
Total Additional Fee				\$ 315	OR	\$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 501346.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 660.00 to cover the filing / additional fee is enclosed.

7-20-00

Date

Signature of Applicant, Attorney or Agent of Record

Kenneth M. Bush

Typed or printed name

200
 JUN 24 2000
 U.S. PATENT & TRADEMARK OFFICE
 REFERENCE APPEALS

I, Kenneth M. Bush, do hereby certify that a copy of the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was served on the following counsel of record by Express Mail Label number EK666547076US on this the 20th day of July, 2000, addressed to:

Talivaldis Cepuritis, Esquire
OLSON & HIERL
20 North Wacker Drive
36th Floor
Chicago, IL 60606

12879 U.S. PRO
09/625018
07/2000

Kenneth M. Bush
Attorney for Junior Party
Registration Number 40,544
SIROTE & PERMUTT, P.C.
P.O. Box 55727
Birmingham, AL 35255-5727
Phone: (205) 930-5100
Facsimile: (205) 930-5101

I, Kenneth M. Bush, do hereby certify that the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was filed by Express Mail number EK666547062US on this the 20th day of July, 2000, addressed to:

Judge Fred E. McKelvey
Board of Patent Appeals and Interferences
Crystal Gateway 2, 10th Floor
1225 Jefferson-Davis Highway
Arlington, VA 22202


Kenneth M. Bush
Attorney for Junior Party
Registration Number 40,544
SIROTE & PERMUTT, P.C.
P.O. Box 55727
Birmingham, AL 35255-5727
Phone: (205) 930-5100
Facsimile: (205) 930-5101

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